FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

PROCESSED FORM D

NOTICE OF SALE OF SECURTIES PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR

THOMSON REUTERS UNIFORM LIMITED OFFERING EXEMPTION

1418	411
ÓMB AF	PROVAL_
OMB Number	3235-0076
Expires:	June 30, 2008
Estimated average	age burden
hours per respo	nse 16.00

SEC USE ONLY						
Prefix	1	Serial				
DA	TE RECEIV	ED _				

IIIQiii.							
	check if this is				ate change.)		
Limited Partnership	Interests of Yu	caipa Corporat	te Initiatives F	und II, L.P.			
Filing Under (Check box(e	s) that apply):	Rule 504	Rule 505	■ Rule 506	Section 4(6)	ULO	E
Type of Filing: New	Fil <u>ing</u> 🛭 An	endment					
		A. BAS	IC IDENTIFIC	CATION DAT	Α		
1. Enter the information re	quested about the	issuer					
	k if this is an ameno		changed, and ind	icate change.)			- 19 1 00 1910 1910 1910 1910 1910 1910 1910
Yucaipa Corporate Init			<u> </u>				
Address of Executive Office		•	Street, City, Sta	te, Zip Code)	Telephone		08051565
9130 West Sunset Bou					(310) 789	-7200	
Address of Principal Busin	ess Operations	(Number and	Street, City, Sta	te, Zip Code)	Telephone	: Number (Including Area Code)
(if different from Executive O	ffices)						
		<u></u> .					
Brief Description of Busine							Mair SEC
Acquire, hold and disp	ose of securiti	es.					ישון איייי
							Mail Processing Section
Type of Business Organiza			1 6 1	_		c \	
☐ corporation	Ki iimitea (oartnership, alrea	dy tormed		other (please speci	ty)	JUN 162008
business trust	limited	partnership, to be	formed				
			Month	Year	_	į	Vashin
Actual or Estimated Date of	f Incorporation o	r Organization:	07	2006		☐ Estim	Nashington, DC
Jurisdiction of Incorporation	on or Organization	n: (Enter two-lett	er U.S. Postal S	ervice abbrevia	tion for State.		
•	_		la; FN for other			DE	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File. U.S. Securities and Exchange Commission, 100 F St. NE, Washington, D.C. 20549-2000.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee. There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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		A. BASIC IDEN	TIFICATION DATA			
2. Enter the information re-	quested for the fo	ollowing:	•			
 Each promoter of the issuer, if the issuer has been organized within the past five years; 						
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;						
Each executive office	cer and director o	of corporate issuers and o	of corporate general and m	anaging partners of	of partnership issuers; and	
Each general and m	anaging partner (of partnership issuers.	. •	0 0.		
Check Box(es) that Apply:	□ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, Yucaipa Corporate Initia		LC				
Business or Residence Addr 9130 West Sunset Bould			ode)			
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, New York City Employe		System				
Business or Residence Addr 11 Centre Street, Room	736, New York,	New York 10007	·			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, CalSTRS/Banc of Ameri		ess Fund III, LLC				
Business or Residence Addr 231 S. LaSalle Street, Su			ode)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, California Public Emplo		nt System		111111111		
Business or Residence Addr 400 P Street, Suite 3492						
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, Teachers' Retirement S		ty of New York				
Business or Residence Addr 55 Water Street, New Yo			ode)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first,	if individual)					
Business or Residence Addr	ess (Number and	Street, City, State, Zip C	ode)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first,	if individual)					
Business or Residence Addr	ess (Number and	1 Street, City, State, Zip C	ode)			
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)						

B. INFORMATION ABOUT OFFERING			
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes	No	
Answer also in Appendix, Column 2, if filing under ULOE.			
• • • • • • • • • • • • • • • • • • • •	\$		N/A
3. Does the offering permit joint ownership of a single unit?	Yes ⊠	No	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state of states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such broker or dealer, you may set forth the information for that broker or dealer only.	lf or		
Full Name (Last name first, if individual) GrandFund Investment Group, LLC			
Business or Residence Address (Number and Street, City, State, Zip Code) 3724 Happy Valley Road, Lafayette, California 94549			
Name of Associated Broker or Dealer GrandFund Investment Group, LLC			
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers			
(Check "All States" or check individual States)	⊠ All St	ates	
AL AK AZ AR CA CO CT DE DC FL GA HI IL IN IA KS KY LA ME MD MA MI MN MS MT NE NV NH NJ NM NY NC ND OH OK OR RI SC SD TN TX UT VT VA WA WV WI WY	MC		
Full Name (Last name first, if individual) West Insurance Group			
Business or Residence Address (Number and Street, City, State, Zip Code) Land Title Building, 100 South Broad St., 16th Floor, Philadelphia, PA 19110			
Name of Associated Broker or Dealer			•
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers			
(Check "All States" or check individual States) AL AK AZ AR CA CO CTX DE DC FL GA HI IL IN IA KS KY LA ME MD MA MI MN MS MT NE NV NH NJ NM NY NC ND OH OK	MC		
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code)			
Name of Associated Broker or Dealer			
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers			
(Check "All States" or check individual States)	☐ All St	ates	
AL _ AK _ AZ _ AR _ CA	_ м	<u> </u>	
MT _ NE _ NV _ NH _ NJ _ NM _ NY		=	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		ggregate ring Price	An	nount Already Sold
	Debt	\$	0	\$	0
	Equity	\$	0	\$	0
	☐ Common ☐ Preferred		<u>~</u>		<u>_</u>
		¢	•	œ	0
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests		50,000,000		269,607,142
	Other (Specify)		0		0
	Total	\$ 7	50,000,000		269,607,142
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors	-	imber of vestors	Do	Aggregate ollar Amount of Purchases 269,607,142
	Non-accredited Investors		0	s	0
	Total (for filings under Rule 504 only)		N/A	_\$_	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	Type of Offering		`ype of ecurity	Do	ollar Amount Sold
	Rule 505	N/A		\$	0
	Regulation A	N/A		\$	0
	Rule 504	N/A		\$	0
	Total	N/A		\$	0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fee			\$	
	Printing and Engraving Costs		⋈	\$	10,000
	Legal Fees		_ ⊠	\$	155,000
	Accounting Fees			\$	
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)		⊠	\$	640,000
	Other Branch (14, 110) Filling Free		⊠	<u> </u>	1,650
	Other Expenses (identify) Filing Fees			φ	1,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

⊠ _\$_

806,650

C. OFFERING PRICE, NUN	MBER OF INVESTORS, EXPENSES A	<u>nd use</u>	OF PROCEED	<u>s</u>
b. Enter the difference between the aggregate offe and total expenses furnished in response to Part C gross proceeds to the issuer."	C - Question 4.a. This difference is the "a			\$ 749,193,350
i. Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for ar check the box to the left of the estimate. The total gross proceeds to the issuer set forth in response to	ny purpose is not known, furnish an esting al of the payments listed must equal the	nate and		
g			Payments to	
			Officers, Directors, & Affiliates	Payments To Others
Salaries and fees		□ <u>\$</u>		<u> </u>
Purchase of real estate		□ <u>\$</u>		
Purchase, rental or leasing and installation of mac	chinery and equipment	□ <u>\$</u>		
Construction or leasing of plant buildings and fac	ilities	□ <u>\$</u>		□ <u>\$</u>
Acquisition of other businesses (including the val this offering that may be used in exchange for the	assets or securities of another			
issuer pursuant to a merger)		⊔ <u>\$</u>		
Repayment of indebtedness		□ <u>\$</u>		□ <u>\$</u>
Working capital		□ <u>\$</u>		□ <u>\$</u>
	rectors, & Affiliates – Management s – Portfolio Investments.	⊠ \$		△ \$ 659,290,148
		<u> </u>		\$
Column Totals		⊠ <u>\$</u>	89,903,202	\$ 659,290,148
Total Payments Listed (column totals added)			⊠ \$	749,193,350
	D. FEDERAL SIGNATURE		·	
The issuer has duly caused this notice to be signed following signature constitutes an undertaking by the its staff, the information furnished by the issuer to any	issuer to furnish to the U.S. Securities and	Exchange	e Commission, u	
ssuer (Print or Type) Yucaipa Corporate Initiatives Fund II, L.P.	Signature		Date June 12	, 2008
Name of Signer (Print or Type)	Title of Signer (Print or Type) Vice President and Secretary of Yu	icaina C	Corporate Initis	ntives Fund II I I C
Robert P. Bermingham	the General Partner of the Issuer	oupa o	e porate mille	aroo i und ii, EEO,

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)